MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11984

Reg. Dist. No. 331

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Wicomico

City or town: Hebron R.F.D.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Hebron

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Beatrice Cecelia ~~Smith~~ James

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col	Married

6.(b) Name of husband or wife: Isiah James

6.(c) If alive, give age: 28 years

7. Birth date of deceased (mo., day, yr.): April 12, 1912

8. AGE: Years	Months	Days	If less than one day
28	7	7	...hrs. ...min.

9. Birthplace: Hebron, Wicomico, Md.

(Town, county, and state)

10. Usual occupation: Housewife

11. ~~Industry or business~~: Benjamin Palmer

FATHER 12. Name: [illegible]

13. Birthplace: Virginia

MOTHER 14. Maiden name: Cecelia Gittings

15. Birthplace: Virginia

16. Informant: Benjamin Palmer

Address: Hebron Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/24/40 (month) (day) (year)

Cemetery or crematory: Parkwalkin Cem.

Location: Parkwalkin Md.

18. Funeral director: Mrs. C. Merrick Davis

Address: Hebron Md.

19. Nov 24 1940 (Date rec'd by registrar) Mrs J. M. Wallop Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 11/19/40 19... at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov. 14 19 40 to Nov 19 19 40 and that I last saw h... alive on November 18 19 40

Immediate cause of death	DURATION
Uleer of Stomach	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: William Emrich M. D. or other

Address: Hebron Md. Date signed: Nov 20

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DEC 5 1949
BUREAU V. S.

(Dr. Rademaker)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170c)

11985

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 16 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED;
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No.: R.D. #1
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Charles Smith Bayly

3. (b) Social Security Number: 220-01-7015

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Lillian G. Bayly
6.(c) If alive, give age: 54 years
7. Birth date of deceased (mo., day, yr.): July 24 - 1893

8. AGE: Years: 47 Months: 3 Days: 16 If less than one day: hrs. min.

9. Birthplace: Frankstown Va.
(Town, county, and state)
10. Usual occupation: Mason
11. Industry or business: Bricklayer
FATHER
12. Name: Jackson Bayly
13. Birthplace: Frankstown Va
MOTHER
14. Maiden name: Laura Gunes
15. Birthplace: Frankstown Va
16. Informant: Mrs Lillian G. Bayly
Address: R.D. #3 Salisbury Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 12-1940 (month) (day) (year)
Cemetery or crematory: Parsons Cem.
Location: Salisbury Md
18. Funeral director: Holloway & Co Walter R. Holloway
Address: Salisbury Md
19. 11/12 19 40 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 10-1940 19 (12.30 a.m.)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from medical examiner 19 to 19 and that I last saw h. alive on certificate 19

Immediate cause of death: Fractured skull Lacerated Brain — DURATION: 5 minutes
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: accident Date of: 11-10-40
Where did injury occur? Near Salisbury (City or town) Wicomico (County) Md (State)
Injured at home, farm, industry, public place (where?): Public Highway
Means of injury: Head on collision of two cars Injured at work? No

23. SIGNATURE: S. Rademaker M.D. Deputy Med Examiner M. D. or other
Address: Salisbury, Md Date signed: 11/10/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

11986

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93rd)

CERTIFICATE OF DEATH

Reg. Dist. No. 330

1. PLACE OF DEATH:
County: Wicomico
City or town: Mardela
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Mardela
(If outside city or town limits, write RURAL and give nearest town)
Street No.: School st.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Levin B. Bradley

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widower
6.(b) Name of husband or wife: Serena Taylor Bradley
6.(c) If alive, give age: Decd years
7. Birth date of deceased (mo., day, yr.): Jan. 11. 1864

8. AGE: Years 76 | Months 9 | Days 23 | If less than one day ... hrs. ... min.

9. Birthplace: near Mardela Md.
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: Retired Farmer

FATHER
12. Name: Jackson W. Bradley
13. Birthplace: near Mardela Md.

MOTHER
14. Maiden name: Elizabeth English
15. Birthplace: Shaytown Md

16. Informant: 1123 W. Main st. Salisbury Md
Address: Mr. Walter Bradley

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 6-1940 (month) (day) (year)
Cemetery or crematory: Mardela Cem
Location: Mardela Md.

18. Funeral director: Holloway & Co. Walter R. Holloway
Address: Salisbury Maryland.

19. Nov 6 1940 (Date rec'd by registrar) Jno. A. Armstrong Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 4-1940 19 (10.55 am) at

I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1939, to Nov. 4 1940 and that I last saw h... alive on Nov. 3 ... 1940

Immediate cause of death: Failure of heart action and Dyspnoea.
Due to: Chronic Myocarditis
Due to:
Other conditions: Intestinal indigestion
(Include pregnancy within 3 months of death)

DURATION

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: F. C. Quinn M. D. or other
Address: Mardela Md. Date signed: Nov. 6-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 5 1960
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

Dr. Fisher 11987

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: P.G. Hospital

Stay in hospital or inst. (yrs., or mos., or days) still born

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Hebron Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Infant ~~Birchhead~~ Brickett

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Col.

6. (a) Single, married, widowed, or divorced: —

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) —

8. AGE: Years: still born | Months | Days | If less than one day: hrs. min.

9. Birthplace Salisbury, Wicomico, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name ~~Unknown~~ Tingle, Elwood
13. Birthplace ?

MOTHER
14. Maiden name ~~Mary Birchhead~~ Brickett, Martha Sina
15. Birthplace Hebron Md.

18. Informant Elsie ~~Birchhead~~ Brickett

Address Hebron Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof 11/21/40
(month) (day) (year)

Cemetery or crematory Rockawalkin Md.

Location

18. Funeral director Mrs C. C. Messick & Son's

Address Hebron Md.

19. 11/21, 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/18/40 19 , at 4:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/17 1940, to 11/18 1940, and that I last saw her ~~alive~~ on 11/18 1940.

Immediate cause of death: still born infant

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Clearance Fisher MD
M. D. or other

Address Salisbury Md. Date signed 11/20/40

RECEIVED
DEC 6 1940
BUREAU V. S.

Dr. Brown

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

11988

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 37 yrs
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Hearn Bldg Main & Div. Sts.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Lofford C. Biddell

3.(b) Social Security Number: 220-10-9863

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Blanche Biddell
6.(c) If alive, give age: 74 years

7. Birth date of deceased (mo., day, yr.): July 4- 1861

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
79	4	5		

9. Birthplace: Powellville Md
(Town, county, and state)
10. Usual occupation: retired
11. Industry or business: Night-Watchman

FATHER
12. Name: David Biddell
13. Birthplace: Cyprus Md.

MOTHER
14. Maiden name: Lydia Palmer
15. Birthplace: Powellville Md

16. Informant: Mrs Blanche Biddell
Address: Hearn Bldg. Salisbury Md.

17. Burial (Burial, cremation, or removal? Which?) Date thereof: Nov. 11. 1940 (month) (day) (year)
Cemetery or crematory: Parsons Cem
Location: Salisbury Md
18. Funeral director: Holloway & Waller R. Holloway
Address: Salisbury Md

19. 11/11 1940 (Date rec'd by registrar) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 9th 1940 at 630 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 8 1940 to Nov 9 1940 and that I last saw h[illegible] alive on Nov 9 1940

Immediate cause of death	DURATION
Cardiac Renal Disease	1 year
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Charles P. Brown M.D.
M. D. or other
Address: Salisbury Md Date signed: 11/10/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (92d)

11989

CERTIFICATE OF DEATH

Reg. Dist. No. 3321

1. PLACE OF DEATH:
County Wicomico
City or town Pittsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Pittsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Washington Covington Campbell

3. (b) Social Security Number

4. Sex Male
5. Color or race white
6. (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife Alice E. Campbell
6(c) If alive, give age 77 years
7. Birth date of deceased (mo., day, yr.) Sept Nov 12 15 1859 1940

8. AGE: Years 81 Months 2 Days 5 If less than one day ___ hrs. ___ min.

9. Birthplace Pittsville Md (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name George P. Campbell
13. Birthplace Pittsville Md
MOTHER 14. Maiden name Margaret Figgs
15. Birthplace Pittsville Md
16. Informant Mrs Edith Tarr
Address Ocean City Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 17 1940 (month) (day) (year)
Cemetery or crematory Grace M P cemetery
Location Pittsville Md
18. Funeral director Wm Howard Wells.
Address Pittsville, Md.
19. Nov. 17, 1940 (Date rec'd by registrar) Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 15 1940, at 4 P. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 10 1940, to Nov 15 1940, and that I last saw him alive on Nov 15 1940.
Immediate cause of death Tabular heart disease. DURATION 1 yr.
Due to
Due to Senility
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Charles N. Brown M D
M. D. or other
Address Salisbury Md Date signed 11/16/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

Dr. Wamm

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (119-a)

CERTIFICATE OF DEATH

11990

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: P. G. Hoyt.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Fruitland
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Delores Fay Carey

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Baby

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 24-1940

8. AGE: Years | Months: 6 | Days: 14 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Fruitland Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: William M. Carey
13. Birthplace: Fruitland Md.

MOTHER
14. Maiden name: Vanessa Dilano
15. Birthplace: Crisfield Md.

16. Informant: Mr. Wm M. Carey
Address: Fruitland Md

17. Buried
(Burial, cremation, or removal. Which?)
Date thereof: Nov. 10-1940
(month) (day) (year)
Cemetery or crematory: Fruitland Cem.
Location: Fruitland Md

18. Funeral director: Holloway & Walter R. Holloway
Address: Salisbury Md

19. 11/10/40 Harriet E. Johnson Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 8. 1940 (1030a) M
(month) (day) (year) at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
at 25 19.40, to Nov 8 19.40
and that I last saw h... alive on Nov 6 19.40

Immediate cause of death	DURATION
Infections diarrhea	3 Wks
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: W. Wamm M.D.
M. D. or other
Address: Salisbury Md. Date signed Nov 8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-d)

CERTIFICATE OF DEATH

11991

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 81 years
Hospital, institution, or street address where death occurred:
701 West Church
How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No. 701 West Church
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Louisa Collier Duncan

3. (b) Social Security Number: ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife: William E. Duncan ✓ 6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): Jan. 16, 1859.

8. AGE: Years: 81 | Months: 10 | Days: 7 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Salisbury, Wicomico, Md. (Town, county, and state)

10. Usual occupation: At Home ✓

11. Industry or business:

FATHER
12. Name: Levin Bestill Collier
13. Birthplace: Wicomico Co., Md.

MOTHER
14. Maiden name: Laura Arie Humphreys
15. Birthplace: Wicomico Co., Md.

16. Informant: Claude Collier Duncan,
Address: Salisbury, Maryland.

17. Burial (Burial, cremation, or removal) Which?) Date thereof 11/20/40 (month) (day) (year)

Cemetery or crematory: Parsons
Location: Salisbury, Md.

18. Funeral director: The Hill & Jackson Co.,
Address: Salisbury, Md.

19. 11/20/40 (Date rec'd by registrar) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 18, 1940, at 4:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 14th 1940, to Nov 18 1940 and that I last saw h.. alive on Nov 17 1940

Immediate cause of death	DURATION
Pulmonary Edema	
Due to Chronic Myocarditis	
Due to Arteriosclerotic Heart Disease	
Other conditions Hypertensive Cardiovascular Disease	

(Include pregnancy within 3 months of death)

Major findings of operation: .....
Date of op. .....
Autopsy results: .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... injured at work?

23. SIGNATURE: Rivers Hanson, M.D. M. D. or other
Address: 203 West Church St. Date signed 11/20/40

RECEIVED
DEC 6 1940
BUREAU V. S.

Dr. Levin

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (467)

CERTIFICATE OF DEATH

11992

Reg. Dist. No. 332

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County: Wicomico
City or town: Pittsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Pittsville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME Elijah Purnell Davis

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Florence Davis
6.(c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): Dec. 22 - 1866

8. AGE:

Years	Months	Days	If less than one day
73	11	4	hrs. min.

9. Birthplace: Pittsville Md.
(Town, county, and state)
10. Usual occupation: retired Farmer
11. Industry or business: Farming
FATHER 12. Name: Nelson Davis
13. Birthplace: Wicomico Co. Md.
MOTHER 14. Maiden name: Martha Anne Bittingham
15. Birthplace: Wicomico Co. Md.
16. Informant: Mrs. Florence Davis
Address: Pittsville Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 28-1940 (month) (day) (year)
Cemetery or crematory: Pittsville Cem.
Location: Pittsville Md
18. Funeral director: Holloway & Co. Walter R. Holloway
Address: Salisbury Maryland
19. Nov 28 1940 (Date rec'd by registrar) William R. Davis Registrar Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 26-1940 (11.15 a) M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1940 to date of death 19..
and that I last saw him alive on 11-26-40 19..

Immediate cause of death	DURATION
Adeno-carcinoma of liver	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Nature of injury Injured at work?

23. SIGNATURE: Frank D Lowe M.D.
M. D. or other
Address: Pittsville Md Date signed 11-28-40

RECEIVED
DEC 6 1940
BUREAU V. S.

Dr. Insley

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

11993

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 32 years
Hospital, institution, or street address where death occurred:
310 S. Division st.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No. 310 S. Division
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Mary Hester Davis

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife: Hilary W. Davis
6.(c) If alive, give age: Dead years

7. Birth date of deceased (mo., day, yr.): Feb. 4-1866

8. AGE: Years	Months	Days	If less than one day
74	9	26	hrs. min.

9. Birthplace: Whitesville Md.
(Town, county, and state)
10. Usual occupation: Home wife
11. Industry or business: At Home

FATHER
12. Name: Robert W. Bailey
13. Birthplace: Powellville Md

MOTHER
14. Maiden name: Martha Julia Smith
15. Birthplace: Whitesville Md.

16. Informant: Mrs. Albert S. Bailey
Address: 280 N.J. ave. Collingswood N.J.

17. (Burial, cremation, or removal. Which?) Burial Date thereof (month) (day) (year) Dec 3-1940
Cemetery or crematory: Pine Mem. Park
Location: Salisbury Md.

18. Funeral director: Holloway & Walter R. Holloway
Address: Salisbury Md.

19. (Date rec'd by registrar) 12/3/1940 Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 30 1940 at 5.20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-20 1940, to 11-30 1940
and that I last saw h.e.r. alive on 11-30 1940

Immediate cause of death	DURATION
Coronary Thrombosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Chas. C. Insley M.D.
M. Dr. or other
Address: Salisbury Md. Date signed 12-3-40

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11994

(200 P)

CERTIFICATE OF DEATH

Reg. Dist. No. 337

1. PLACE OF DEATH:

County Wicomico

City or town Tyaskin, (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 1 Day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Tyaskin (Rural) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. (Head of Creek)
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Infant Dorman

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	C	S

8 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 10, 1940

8. AGE: Years | Months | Days 1 | If less than one day 30 hrs. min.

9. Birthplace Tyaskin, Wicomico, Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Benjamin Franklin Dorman
13. Birthplace Tyaskin, Maryland

MOTHER
14. Maiden name Mary Emma Price
15. Birthplace Tyaskin, Maryland.

16. Informant Benjamin Franklin Dorman
Address Tyaskin, Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 11, 1940 (month) (day) (year)

Cemetery ~~or crematory~~ St. James Church

Location Tyaskin, Maryland (Rural).

18. Funeral director

Address

19. Nov. 11 1940 (Date rec'd by registrar) R. Woolford Waller Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-11- 1940 at 9A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-10-40 19 11-11-40 19

and that I last saw him alive on 11-11-40. 19

Immediate cause of death Lived 30 hours. Father found baby dead.

Due to Cause Unknown.

Due to Underlying cause: Unknown. C.W.G.R. Baby was dead, when physician arrived. He could learn nothing to explain cause of death.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE D. Allen Field M. D. or other

Address Nantucket Md Date signed 11-11-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1940
BUREAU V. S.

11995

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (43)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 56 years

Hospital, institution, or street address where death occurred: 102 Fooks St.

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Salisbury (If outside city or town limits, write RURAL and give nearest town)

Street No.: 102 Fooks St. (If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Ralph Clifford Duffy

3. (b) Social Security Number: ✓

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Nancy J. Duffy

6.(c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.): Nov. 10, 1884.

8. AGE: Years: 56 Months: 0 Days: 11 If less than one day: ..... hrs. ..... min.

9. Birthplace: Salisbury, Wicomico, Md. (Town, county, and state)

10. Usual occupation: U. S. Deputy Marshal

11. Industry or business: ✓

FATHER
12. Name: Charles Edward Duffy
13. Birthplace: Wicomico Co., Md.

MOTHER
14. Maiden name: Emma A. Twilley
15. Birthplace: Wicomico Co., Md.

16. Informant: Clifford H. Duffy

Address: Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11/24/40 (month) (day) (year)

Cemetery or crematory: Parsons

Location: Salisbury, Md.

18. Funeral director: The Hill & Johnson Co.

Address: Salisbury, Md.

19. 11/23 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 21, 1940, at 10:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-25 1938, to 11-21 1940 and that I last saw him alive on 11-20 1940

Immediate cause of death: Pulmonary hemorrhage

Due to: Mycelium infection of lung

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Philip A. Twilley M.D. M. D. or other

Address: Salisbury, Md. Date signed: 11-22-40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

11996

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 weeks
Hospital, institution, or street address where death occurred: Peninsula General Hospital
How long in hospital or institution? 5 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Fruitland
(If outside city or town limits, write RURAL and give nearest town)
Street No. ✓
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Ella Gertrude Dulany

3. (b) Social Security Number: ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife: Henry S. Dulany
6.(c) If alive, give age: ✓ years

7. Birth date of deceased (mo., day, yr.): Feb. 15, 1855.

8. AGE: Years: 85 | Months: 9 | Days: 5 | If less than one day: ... hrs. ... min.

9. Birthplace: Laurel, Sussex, Delaware
(Town, county, and state)

10. Usual occupation: At Home

11. Industry or business: ✓

FATHER
12. Name: Burton Phillips
13. Birthplace: Sussex Co., Delaware.

MOTHER
14. Maiden name: Jane Dennis
15. Birthplace: Sussex Co., Md.

16. Informant: Henry S. Dulany
Address: Fruitland, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/2/40 (month) (day) (year)
Cemetery or crematory: Parsons
Location: Salisbury, Md.

18. Funeral director: The Hill & Jackson Co.
Address: Salisbury, Md.

19. 12/2/40 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 30, 1940, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1, 1940, to Nov 30 1940
and that I last saw h.. alive on ... 19...

Immediate cause of death	DURATION
Myocarditis	6 mos
Due to: Arteriosclerosis	12 mos
Due to: Chr. Inst. Nephritis	2 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...
Autopsy results: ...
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ... Date of ...
Where did injury occur? ... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ...
Means of injury: ... Injured at work? ...

23. SIGNATURE: H. D. Daisy M.D. M. D. or other
Address: Salisbury. Date signed 12-2-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11997

Reg. Dist. No. 331

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Nelson

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 15 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Nelson Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Anna Elizabeth Ennis

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	col.	Widow

6 (b) Name of husband or wife Samuel T. Ennis

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years	Months	Days	If less than one day
about 84			hrs. min.

9. Birthplace Mardela, Wicomico, Md.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name James W. Rashell

13. Birthplace Salisbury, Md.

MOTHER 14. Maiden name Amanda Mitchell

15. Birthplace Delaware

16. Informant Wilson Ennis

Address Nelson Md.

17. Burial Date thereof 11/28/40

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mardela Colored Cem.

Location Mardela Springs, Md.

18. Funeral director Mrs. C. B. Messick & Sons

Address Nelson Md.

19. 11/28 1940 Mrs J. M. Wallace

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/25/40 19 at 11:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 23rd 19 40, to November 25th 19 40, and that I last saw h alive on November 25th 19 40.

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to	
Due to	
Other conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William Ennis M. D. or other

Address Nelson Md. Date signed

RECEIVED
DEC 5 1940
BUREAU V. S.

Dr. Brown

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1312)

CERTIFICATE OF DEATH

11998

Reg. Dist. No. 332

1. PLACE OF DEATH:
County: Prince G
City or town: Parsonsburg R.D. # 2
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 24 yr.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Parsonsburg
(If outside city or town limits, write RURAL and give nearest town)
Street No. R.D. # 2
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Charles Henry Eskam

3.(b) Social Security Number:

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Nettie Eskam
6.(c) If alive, give age: 55 years
7. Birth date of deceased (mo., day, yr.): March 4,
8. AGE: Years: 61 Months: Days: If less than one day: hrs. min.
9. Birthplace: near Berlin Md. (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Henry Eskam
13. Birthplace: Worcester County Md.
MOTHER 14. Maiden name: Mahala Hall
15. Birthplace: Worcester Co. Md.
16. Informant: Mrs. Nettie Eskam
Address: R.D. # 2 Parsonsburg Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 9-1940 (month) (day) (year)
Cemetery or crematory: Parsons Cem.
Location: Salisbury Md
18. Funeral director: Holloway & Co. Walter R. Holloway
Address: Salisbury Md.
19. Nov. 9 1940 (Date rec'd by registrar) Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 6th 1940 (9:30 P.M.)
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Aug 10 1940, to Nov 6 1940
and that I last saw deceased alive on Nov 6 1940

	DURATION
Immediate cause of death: Aortic Stenosis	1 yr
Due to: Chronic Nephritis	7 yrs
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Charles D Brown M.D.
M. D. or other
Address: Salisbury Md. Date signed: 11/8/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

Dr. Brown

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

11999

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
County: Wicomico
City or town: Pittsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Pittsville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Anna Elizabeth Farlow

3. (b) Social Security Number: —

4. Sex: female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widow
6.(b) Name of husband or wife: Theo Humphrey Farlow
6.(c) If alive, give age: Dead years
7. Birth date of deceased (mo., day, yr.): May 1. 1860

8. AGE: Years: 80 Months: 6 Days: 7 If less than one day: hrs. min.

9. Birthplace: Pittsville Md.
(Town, county, and state)
10. Usual occupation: at Home
11. Industry or business
FATHER
12. Name: Isaac Jarman
13. Birthplace: Pittsville Md.
MOTHER
14. Maiden name: Elizabeth Parsons
15. Birthplace: Pittsville Md.
16. Informant: Walter H. Farlow
Address: Pittsville Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 10 1940 (month) (day) (year)
Cemetery or crematory: Pittsville Cem
Location: Pittsville Md.
18. Funeral director: Holloway & Co. Salisbury Md
Address: Walter R. Holloway
19. Nov. 10, 1940 (Date rec'd by registrar) Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 8, 1940 19 (7 a. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1939, to Nov 8 1940
and that I last saw her alive on Nov 8 1940
Immediate cause of death: Vascular heart disease — DURATION: 2 yrs
Due to
Due to
Other conditions: Diabetes — 3 yrs
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Charles F. Brown MD M. D. or other
Address: Salisbury Md Date signed: 11/9/40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

12000

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Peninsula General Hospital
How long in hospital or institution? 1 Mos

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Snow Hill
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: No

3.(a) FULL NAME John W. Giddens

3.(b) Social Security Number None

4. Sex: Male
5. Color or race: Colored
6.(a) Single, married, widowed, or divorced: Single
6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan. 20 - 1936

8. AGE: Years: 4 Months: 9 Days: 13 If less than one day: hrs. min.

9. Birthplace: Saints Accomac Virginia
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER 12. Name: John W. Bailey
13. Birthplace: Virginia

MOTHER 14. Maiden name: Sarah C. Giddens
15. Birthplace: Virginia

16. Informant: Sarah C. Giddens
Address: Snow Hill Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 15/40 (month) (day) (year)
Cemetery or crematory: St Johns
Location: Snow Hill Md

18. Funeral director: Joanne Downes
Address: Snow Hill Md

19. 11/14 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 13 1940, at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/13 1940, to 11/13 1940 and that I last saw him alive on 11/13 1940

	DURATION
Immediate cause of death: Bronchopneumonia	about 1 wk.
Due to: Contraction of chest (probably aftermath)	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results: Bronchopneumonia Contraction of chest
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: November
Where did injury occur? Snow Hill (City or town) Worcester (County) Md (State)
Injured at home, farm, industry, public place (where?): Public highway
Means of injury: Struck by automobile Injured at work? No

23. SIGNATURE: Chas. T. Fisher M.D.
Deputy Coroner & Examiner M. D. or other
Address: Salisbury Md Date signed: 11/14/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

12001

CERTIFICATE OF DEATH

Reg. Dist. No. 11 336

1. PLACE OF DEATH:

County Wicomico

City or town Delmar, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: East St. 421

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 36 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Delmar, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 421 East. Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edward Ernest Gordy

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6(b) Name of husband or wife: Jennie O. Gordy

6(c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) May 6, 1869

8. AGE: Years 71 | Months 6 | Days 4 | If less than one day ___ hrs. ___ min.

9. Birthplace Delmar, Md R.F.D.
(Town, county, and state)

10. Usual occupation Coal Dealer

11. Industry or business Coal

FATHER
12. Name John M. Gordy
13. Birthplace Delmar, Md R.F.D.

MOTHER
14. Maiden name Julia Hastings
15. Birthplace Delaware

16. Informant Mrs Jennie O. Gordy
Address Delmar, Del

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 11/13/40 (month) (day) (year)

Cemetery ~~or crematory~~ M. P. Cemetery

Location Delmar, Del

18. Funeral director Will S. Marvel
Address Delmar, Del

19. Nov. 13th 1940 (Date rec'd by registrar) Harry E. Hudson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/10/1940, at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 10 1940, to Nov 10 1940, and that I last saw him alive on Nov 10 1940.

Immediate cause of death Acute Coronary Thrombosis — DURATION 1 hour

Due to Arteriosclerosis & Myocarditis — 2 yrs

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. H. Lynch M. D. or other

Address Delmar Del Date signed Nov 12/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

acute coronary thrombosis

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12002

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore MB Sanatorium

Stay in hospital or inst. (yrs., or mos., or days) 2 days

Stay in this community (yrs., or mos., or days) 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 216 Aroura St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Velma R. Hall

3. (b) Social Security Number 220-89-1345 unknown

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Allen Hall

6(c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) May 10 1898

8. AGE: Years	Months	Days	If less than one day
42	5	26	____hrs. ____min.

8. Birthplace Matthewston, Talbot Co, Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Wm. Perry

13. Birthplace Maryland

MOTHER 14. Maiden name Mary Boone

15. Birthplace Maryland

16. Informant deceased on admission

Address

17. Burial Date thereof 11/8/40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton Md.

18. Funeral director Police Ambulance

Address Easton Md

19. 11/6 19 40 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6 19 40, at 4:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/4/40 19 ____, to 11/6/40 19 ____, and that I last saw her alive on 11/5/40 19 ____.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	unknown
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Paul Klein, M.D.
M. D. or other

Address Salisbury Date signed 11/6/40

RECEIVED
DEC 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12003

1. PLACE OF DEATH (83a)

County Wicomico Registration Dist. No. 337

Village or City Tyaskin No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Eliza J Handy If U. S. Veteran, specify WAR

(a) Residence: No. Tyaskin St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): wm married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: wm Henry Handy

6. DATE OF BIRTH (month, day, and year): Sept 10 1890

7. AGE: Years 50 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Home work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: own home

10. Date deceased last worked at this occupation (month and year): Sept 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Dorchester County Md

FATHER

13. NAME: Samuel Chase

14. BIRTHPLACE (city or town) (State or country): Dorchester County Md

MOTHER

15. MAIDEN NAME: Levinia Brown

16. BIRTHPLACE (city or town) (State or country): Dorchester County Md

17. INFORMANT (Address): Louise Handy

18. BURIAL, CREMATION, OR REMOVAL

Place Tyaskin Date Nov 7, 1940

19. UNDERTAKER (Address): Mrs C E Messick & Son Bushe

20. FILED Nov, 1940 R. Woolford Walter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 11 (Month) 3 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1940, to Nov 3, 1940.

I last saw her alive on Nov 3, 1940 death is said to have occurred on the date stated above, at 2:30 p m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Apoplexy.

Date of onset

Other Contributary Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D Allen Field M. D.

(Address) Nanticoke Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

DEC 5 1940
BUREAU U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. Radmaker

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

12004

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH: Wicomico

County

City or town near Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Salisbury-Delmar Route W.S. #13

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 103 Pinehurst Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Robert Dean Hastings

3. (b) Social Security Number 213-12-5453

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9-1927

8. AGE: Years 23 Months 4 Days 1 If less than one day hrs. min.

9. Birthplace Salisbury Md. (Town, county, and state)

10. Usual occupation Printer

11. Industry or business Hastings Bro. Salisbury Md

FATHER
12. Name W. Gorman Hastings
13. Birthplace Salisbury Md.

MOTHER
14. Maiden name Dollie Morris
15. Birthplace Salisbury Md.

16. Informant W. Gorman Hastings

Address 103 Pinehurst Ave Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 13-40 (month) (day) (year)

Cemetery or crematory Wicomico Mem. Park

Location Salisbury Md.

18. Funeral director Holloway & Co. Walter R. Holloway

Address Salisbury Md.

19. 11/13, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 10-1940 1940, at 11.20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from medical 19 , to 19 , and that I last saw h alive on 19 . Examiner's certificate

Immediate cause of death: Fractured Skull & fractured Mandible

DURATION: 10 minutes

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 11-10-40

Where did injury occur? Salisbury (City or town) Wicomico (County) Md (State)

Injured at home, farm, industry, public place (where?) Public highway

Means of injury Fill out of car mounting curve Injured at work? no

23. SIGNATURE J. A. Radmaker M.D. Deputy Med. Examiner M. D. or other

Address Salisbury, Md Date signed 11/11/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12005

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 Hours

Hospital, institution, or street address where death occurred:

Peninsula General Hospital

How long in hospital or institution? 15 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Salisbury, Md. W. Main St.

(If outside city or town limits, write RURAL and give nearest town)

Street No. Linnett's Apts.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Jean C. Hearn

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25. 1940

8. AGE: Years Premature | Months | Days | If less than one day 15 hrs. min.

9. Birthplace Salisbury Wicomico Maryland (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Harold W. Hearn

13. Birthplace Pocomoke City Md

MOTHER 14. Maiden name Alda Hastings

15. Birthplace Princess Anne Md.

16. Informant Harold W. Hearn Address Linnett's Apts. Salisbury Md. W. Main St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 27. 1940 (month) (day) (year)

Cemetery or crematory Fruitland Church Com.

Location Fruitland Md.

18. Funeral director Holloway & Cole Undertaking Co. Address Salisbury Md.

19. 11/27/40 (Date rec'd by registrar) Harriet E. Johnson Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25 th 1940 at 9.35 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 25 1940, to Nov 25 1940 and that I last saw h.er alive on Nov 25 1940

Immediate cause of death	DURATION
Prematurity	
Due to Prematurity	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Rivers Hanson, MD M. D. or other

Address Salisbury, Md. Date signed 11/26/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 6 1940
BUREAU U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12006

(108)

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 333

Village or City Salisbury No. P. J. Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Asa Heath If U. S. Veteran, specify WAR

(a) Residence: No. Sharptown Wic. Co. St., Ward. No Social Security number

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 15 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Labor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John D Killing

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Susan P. White

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Alice Hastings (Address) Sharptown

18. BURIAL, CREMATION, OR REMOVAL Place Sharptown Date Nov 22, 1940

19. UNDERTAKER Groveny Boys (Address) Sharptown Md

20. FILED 11/22, 1940 Harriet E. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. (Month) 20 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 11/14, 1940, to 11/20, 1940

I last saw him alive on 11/19, 1940; death is said to have occurred on the date stated above, at 12-30 A. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1 wk.
Other **Contributory Causes** of importance:	

Name of operation Date of

What test confirmed diagnosis? X-ray. Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Claude Fooks M. D.

(Address) Salisbury Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (91-a)

12007

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Peninsula G Hospital
Stay in hospital or inst. (yrs., or mos., or days) 5 days
Stay in this community (yrs., or mos., or days) 5 " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Wicomico
City or town Salisbury Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. no
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR Dont know

3. (a) FULL NAME James Holland

3. (b) Social Security Number Dont know

4. Sex: Male
5. Color or race: a.a.
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: no
6(c) If alive, give age: no years
7. Birth date of deceased (mo., day, yr.): about 1911

8. AGE: Years: about 29 | Months: — | Days: — | If less than one day: hrs. min.

9. Birthplace: Pocomoke (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: no

FATHER
12. Name: unknown
13. Birthplace: unknown

MOTHER
14. Maiden name: unknown
15. Birthplace: unknown

16. Informant: Peninsula G Hospital
Address: Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 22-1940 (month) (day) (year)
Cemetery or crematory: Public
Location: Salisbury Md

18. Funeral director: James F. Stewart
Address: Salisbury Md

19. 11/22 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 18 1940, at 11 06 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 13 1940, to Nov 18 1940, and that I last saw him alive on Nov 18, 1940 19 —.

Immediate cause of death: auricular thrombosis lodged in tricuspid
Due to: valve during anaesthesia
Due to: Septic endocarditis — 10 days
Due to: Cellulitis of Rt Hand — 10 days
Other conditions
(Include pregnancy within 8 months of death)
Major findings:
Of operations: none performed
Of autopsy: as above

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: LaRademaker MD Deputy Medical Examiner
M. D. or other
Address: Salisbury, Md Date signed 11/28/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C) CB

12008

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days): 2 hrs

Stay in this community (yrs., or mos., or days): " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: New Jersey County: Salem

City or town: Pennsgrove Penns Grove Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 78 Railroad Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓ ✓

3. (a) FULL NAME: Joseph Howard

3. (b) Social Security Number: 7649 146-05-~~764A~~

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: ✓

6(c) If alive, give age: ✓ years

7. Birth date of deceased (mo., day, yr.): Aug. 10, 1911.

8. AGE: Years: 29 Months: 3 Days: 0 If less than one day: hrs. min.

9. Birthplace: Lemontown, New Jersey
(Town, county, and state)

10. Usual occupation: Mill-wright

11. Industry or business: E. I. Dupont

FATHER
12. Name: John Howard
13. Birthplace: Camden, New Jersey

MOTHER
14. Maiden name: Josephine Van Sant
15. Birthplace: Trenton, New Jersey

16. Informant: Clarence Howard

Address: 78 Railroad Ave., Pennsgrove, N.J.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: 11/13/40 (month) (day) (year)

Cemetery or crematory: Pennsgrove

Location: Pennsgrove, N. J.

18. Funeral director: The Hill & Johnson Co.

Address: Salisbury, Md.

19. 11/10, 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: 11-10 1940, at 2:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him alive on ____ 19__.

Medical Examiner's certificate

Immediate cause of death: Basal fracture of skull
Lacerated brain

DURATION: 2 hours

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of: 11-10-40

Where did injury occur? near Salisbury (City or town) Wicomico (County) Md (State)

Injured at home, farm, industry, public place (where?): Highway

Means of injury: Head-on collision of two cars Injured at work? no

23. SIGNATURE: Lark Ademcaber M.D. Deputy Medical Examiner M. D. or other

Address: Salisbury, Md Date signed: 11-10-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (85)

CERTIFICATE OF DEATH

12009

Reg. Diat. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
1904 East Main St.
How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Salisbury, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1904 East Main
(If rural, give LOCATION)
2.(a) If veteran, name war ✓

3.(a) FULL NAME Clyde Charles Hurt

3.(b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Alma Evans Hurt
6.(c) If alive, give age: 47 years

7. Birth date of deceased (mo., day, yr.): Oct. 7, 1887

8. AGE:

Years	Months	Days	If less than one day
53	0	23	...hrs. ...min.

9. Birthplace: Lunenburg Co, Virginia (Town, county, and state)
10. Usual occupation: Metropolitan Life Ins Co
11. Industry or business: Life Ins (Retired Mgr.)

FATHER
12. Name: Alexander Hurt
13. Birthplace: Virginia

MOTHER
14. Maiden name: Addie Pace
15. Birthplace: Virginia

16. Informant: Emily J. Pentham
Address: Richmond Va

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/19/40 (month) (day) (year)
Cemetery or crematory: Riverview
Location: Richmond, Va.

18. Funeral director: Dennis Hill & Johnson Co.
Address: Salisbury, Md.

19. 11/18/40 (Date rec'd by registrar) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 17th 1940, at 4:20 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1923 to Nov 17 1940
and that I last saw him alive on Nov - 17th 1940

Immediate cause of death: Status Epilepticus — DURATION

Due to: Epilepsy (Grand Mal) of 17 yrs duration

Due to: Probably dates back to Rail Road accident 1910

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

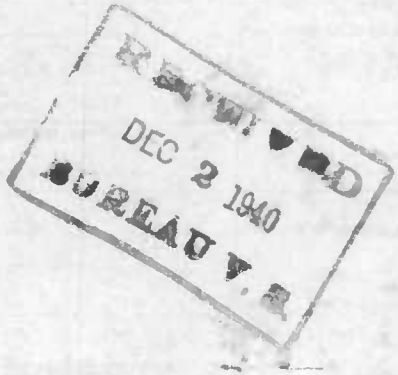
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Will F. Kellam M. D. or other
Address: Onley Va Date signed 11/18/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING


RECEIVED
DEC 2 1940
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131-a)

12010

CERTIFICATE OF DEATH

Reg. Dist. No. X/336

1. PLACE OF DEATH:
County: Wicomico
City or town: Delmar R.F.D. #3
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Delmar
(If outside city or town limits, write RURAL and give nearest town)
Street No.: R F D 3
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Jennie Jackson

3. (b) Social Security Number:

4. Sex: F
5. Color or race: Col.
6.(a) Single, married, widowed, or divorced: Widow
6.(b) Name of husband or wife: George Jackson
Dead
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.): unknown

8. AGE: Years: about 80 | Months: | Days: | If less than one day ... hrs. ... min.

9. Birthplace: Salisbury, Wicomico, Md.
(Town, county, and state)
10. Usual occupation: Laboring
11. Industry or business
FATHER
12. Name: Sandy Wailes
13. Birthplace: Salisbury Md.
MOTHER
14. Maiden name: unknown
15. Birthplace
16. Informant: Hattie Stewart
Address: Delmar, Del. R.F.D. #3
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 3 1940 (month) (day) (year)
Cemetery or crematory: Union Cem.
Location: Delmar, ~~Del.~~ Md
18. Funeral director: Mrs C G Messick & Son's
Address: Hebron Md.
19. Nov. 2 1940 (Date rec'd by registrar) Harry E Hudson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 1, 1940, at 12:05 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1939, to Nov 1 1940
and that I last saw her alive on Oct. 28 1940
Immediate cause of death: Chronic Interstitial Nephritis — DURATION: ?
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ... Injured at work?

23. SIGNATURE: H. E. Lecates M. D. or other
Address: Delmar Del. Date signed: 11/2/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-E)

CERTIFICATE OF DEATH

12011

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore TB Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 3 mo 14 d

Stay in this community (yrs., or mos., or days): 3 mo 14 d

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Wicomico

City or town: Fruitland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: John E. Jenkins

3. (b) Social Security Number: 215-16-8287

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife: Viola Jenkins

6(c) If alive, give age: 48 years

7. Birth date of deceased (mo., day, yr.): Nov 2, 1889

8. AGE: Years	Months	Days	If less than one day
51	-	-	hrs. min.

9. Birthplace: Westover, Somerset Co, Md
(Town, county, and state)

10. Usual occupation: Storekeeper

11. Industry or business: -

FATHER — 12. Name: Fielder Jenkins

13. Birthplace: Maryland

MOTHER — 14. Maiden name: Hannah Richardson

15. Birthplace: Maryland

18. Informant: deceased on admission

Address

17. Buried (Burial, cremation, or removal. Which?) Date thereof: Nov. 5-1940 (month) (day) (year)

Cemetery or crematory: Fruitland Cem

Location: Fruitland Md.

18. Funeral director: Holloway & Co. Walter R. Holloway

Address: Salisbury Md.

19. 11/5 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 2 1940, at 9:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/18/40 19 to 11/2/40 19, and that I last saw him alive on 11/2/40 19.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	6 mo
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Paul Shen M. D. or other

Address: Salisbury Md. Date signed: 11/3/40

RECEIVED
DEC 6 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-F)

12012

CERTIFICATE OF DEATH

Reg. Dist. No. 4-336

1. PLACE OF DEATH:
County Wicomico
City or town Delmar, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: 32 Stout
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Wicomico
City or town Delmar, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 8 and St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Ella Jones

3. (b) Social Security Number —

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Edward Jones

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 2, 1869

8. AGE: Years 71 | Months — | Days 29 | If less than one day — hrs. — min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Household work

11. Industry or business Home

FATHER
12. Name John Ruark
13. Birthplace Maryland.

MOTHER
14. Maiden name Sarah Davis
15. Birthplace Maryland

16. Informant Elmer J. Ruark
Address Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/1/40 (month) (day) (year)
Cemetery or crematory Hastings
Location Delmar Md.

18. Funeral director Will E. Mason
Address Delmar, Del.

19. Dec 1st 1940 (Date rec'd by Registrar) Harry E. Hudson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/29/1940, at 6:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1940, to Nov 29 1940, and that I last saw h— alive on — 19—.

	DURATION
Immediate cause of death Pneumonia	4 days
Due to Chronic nephritis	46 yrs
Due to —	—
Other conditions —	—

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE J. H. Lynch M. D. or other
Address Delmar Del. Date signed Dec 1 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 4 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 115

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-e)

12013

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Fruitland Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula G Hospital

Stay in hospital or inst. (yrs., or mos., or days) few hours

Stay in this community (yrs., or mos., or days) about 25

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Wicomico

City or town Fruitland Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. no (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Henerietta Kirby

3. (b) Social Security Number 8293 220-10-8253

4. Sex female

5. Color or race a.a.

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife William W Kirby

6(c) If alive, give age about 70 years

7. Birth date of deceased (mo., day, yr.) about 1875

8. AGE: Years about 65 | Months | Days | If less than one day ___ hrs. ___ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business no

FATHER
12. Name Wm Leonard
13. Birthplace Maryland

MOTHER
14. Maiden name Leah Bailey
15. Birthplace Maryland

16. Informant William W Kirby

Address Fruitland Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 12-1940 (month) (day) (year)

Cemetery or crematory Mt Calvary

Location Fruitland

18. Funeral director James F Stewart

Address Salisbury Md

19. 11/12, 1940 Harriet E. Johnson Social Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 8 1940, at 10 30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from medical examiner 19 ; to certificate 19 ,

and that I last saw h alive on 19 .

Immediate cause of death Fractured skull, both tibiae & fibulae - left humerus

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 11-8-40

Where did injury occur? near Fruitland (City or town) Wicomico (County) Md (State)

Injured at home, farm, industry, public place (where?) Highway

Means of injury walked across highway struck by car Injured at work? No

23. SIGNATURE L A Rademacher M.P. Deputy Med Exam. M. D. or other

Address Salisbury, Md Date signed 11/10/40

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

Dr. Sembly 12014

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 524 Isabella St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 524 Isabella St. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frank Leonard

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Col.

6. (a) Single, married, widowed, or divorced: Married

B (b) Name of husband or wife: Mary Leonard

B(c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.): March 15, 1866

8. AGE: Years 74 | Months 8 | Days 4 | If less than one day ___ hrs. ___ min.

9. Birthplace: Salisbury, Wicomico, Md. (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER

12. Name: Joseph Leonard

13. Birthplace: Salisbury, Md.

MOTHER

14. Maiden name: Unknown

15. Birthplace

16. Informant: Mrs. Frank Leonard

Address: 524 Isabella St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/24/'40 (month) (day) (year)

Cemetery or crematory: Houston Cem.

Location: Salisbury, Md.

18. Funeral director: Mrs. C. Messick & Son's

Address: Hebron, Md.

19. 11/24, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/19/'40 19 , at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 30, 1940 to Nov. 19, 1940, and that I last saw him alive on Nov. 18, 1940.

Immediate cause of death	DURATION
Chronic Myocarditis	3 yrs
Due to Arteriosclerosis	4 yrs
Due to Hypertension	4 yrs
Other conditions Cystitis	6 weeks

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? ___ (City or town) ___ (County) ___ (State)

Injured at home, farm, industry, public place (where?) ___

Means of injury ___ Injured at work? ___

23. SIGNATURE G. H. Sembly M. D. or other

Address Salisbury, Md. Date signed 11/23/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1248)

CERTIFICATE OF DEATH

12016

Reg. Diat. No. 3321

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Wicomico

City or town: Willards R.F.D.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rural

Stay in hospital or inst. (yrs., or mos., or days): 45 Yrs

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Willards Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: R.F.D.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME James D. Massey

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: annie Bell Massey

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov 22, 1847

8. AGE: Years: 92 | Months: 11 | Days: 13 | If less than one day: hrs. min.

9. Birthplace: Willards R.F.D. (Town, county, and state)

10. Usual occupation: Farmer.

11. Industry or business:

FATHER 12. Name: Kendal Massey

13. Birthplace: Md.

MOTHER 14. Maiden name: Gertrude Gordy

15. Birthplace: Md.

16. Informant: Clinton Massey

Address: Willards, Md. R.F.D.

17. (Burial, cremation, or removal. Which?): Burial Date thereof: Nov. 7, 1940 (month) (day) (year)

Cemetery or crematory: New Hope

Location: Near Willards, Md.

18. Funeral director: M. Pasha Watson

Address: Salisbury, Md.

19. (Date rec'd by registrar): Nov. 7 1940 Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 5 1940, at 12 noon

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1940, to date of death, and that I last saw him alive on Nov. 2, 1940.

	DURATION
Immediate cause of death: Carcinoma of liver	1 yr 2 mos
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Frank J. Lewis M. D. or other

Address: Willards Md. Date signed: Nov 8 1940

RECEIVED
DEC 6 1940
BUREAU V. S.

Dr. Lynch

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

12017

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 24 years

Hospital, institution, or street address where death occurred: R.D. #3

How long in hospital or institution? ~~24 years~~

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Salisbury (If outside city or town limits, write RURAL and give nearest town)

Street No.: R.D. #3 (If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Leonard Melick

3.(b) Social Security Number:

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Mary J. Melick

6.(c) If alive, give age: 79 years

7. Birth date of deceased (mo., day, yr.): Oct. 6 - 1864

8. AGE: Years: 76 Months: 1 Days: 20 If less than one day: ..... hrs. ..... min.

9. Birthplace: Plainfield N. J. (Town, county, and state)

10. Usual occupation: retired

11. Industry or business: Farmer

FATHER
12. Name: Dayton Melick
13. Birthplace: Matuchen N. J.

MOTHER
14. Maiden name: Susan Lavan
15. Birthplace: Matuchen N. J.

16. Informant: Mrs. Mary J. Melick

Address: R.D. #3 Salisbury Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 29-1940 (month) (day) (year)

Cemetery or crematory: Parsons Cem.

Location: Salisbury Md

18. Funeral director: Holloway & Co Walter R. Holloway

Address: Salisbury Md

19. 11/29 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 26th 1940, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1 1940, to Nov 26 1940 and that I last saw him alive on Nov 26 1940

Immediate cause of death: Acute dilatation of heart — DURATION: 1 hour

Due to: Myocarditis — 2 yrs

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J. H. Lynch M. D. or other

Address: Delmar Md Date signed: Nov 27

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

12018

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury (Rural)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Eastern Shore TB Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 1 yr 3 mo 5 d.
Stay in this community (yrs., or mos., or days) Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 602 N. Division St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Nettie Metcalf

3. (b) Social Security Number none

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Lester Thomas Metcalf
6 (c) If alive, give age 54 years
7. Birth date of deceased (mo., day, yr.) March 4, 1896

8. AGE: Years 44 | Months 8 | Days 26 | If less than one day ___ hrs. ___ min.

9. Birthplace Nassawadox Northampton Co Virginia (Town, county, and state)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name Joshua Savage
13. Birthplace Virginia
MOTHER
14. Maiden name Frances Wescott
15. Birthplace Virginia
16. Informant deceased on admission
Address
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/2/40 (month) (day) (year)
Cemetery or crematory Family Cem.
Location Franktown, Va.
18. Funeral director Hoff & James
Address Eastville, Va. Per Harriet E. Johnson
19. 11/30 1940 (Date rec'd by registrar) Harriet E. Johnson Social Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 30 1940, at 9:00 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/25/39 19 , to 11/30/40 19 , and that I last saw her alive on 11/30/40 19 .

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 39 mo
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Paul Cohen M.D. M. D. or other
Address Salisbury Md Date signed 11/30/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

12043

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Pen-Genl. Hosp.

Stay in hospital or inst. (yrs., or mos., or days) 1

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Salisbury Blvd.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Mills

3. (b) Social Security Number —

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 10, 1940

8. AGE: Years / Months / Days: Premature — If less than one day hrs. min.

9. Birthplace Salisbury, Wicomico, Md.
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Walter Francis Mills
13. Birthplace Md.

MOTHER
14. Maiden name Alice Dickerson
15. Birthplace Md.

16. Informant

Address

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 11/11/40 (month) (day) (year)

Cemetery or crematory P. G. Hospital

Location Salisbury, Md.

18. Funeral director Supt. P. G. Hospital (acting)

Address Salisbury, Md.

19. 11/11 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-10- 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h alive on 19.

Immediate cause of death Premature — Stillborn.

Due to A six months' baby — Stillborn. C.W.G.R.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Salisbury Md Date signed 11-12-4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

Dr. Hamner

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

12019

Reg. Dist. No. 333

1. PLACE OF DEATH: County: Wicomico Co. City or town: Salisbury (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 40 years Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State: Md. County: Wicomico Co. City or town: Salisbury (If outside city or town limits, write RURAL and give nearest town) Street No. 206 West Main (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Willie A. Mills

3.(b) Social Security Number 220-01-7902

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife: J. Edward Mills

6.(c) If alive, give age: Dead years

7. Birth date of deceased (mo., day, yr.): March 25-1870

8. AGE: Years: 70 Months: 10 Days: 13 If less than one day: hrs. min.

9. Birthplace: Crisfield Md. (Town, county, and state)

10. Usual occupation: Home wife

11. Industry or business: at Home

FATHER — 12. Name: Unknown (Negro)

13. Birthplace: Crisfield Md.

MOTHER — 14. Maiden name: Unknown

15. Birthplace: No. Record

16. Informant: W. Claymont St. Michaels Md.

Address: Mills

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 11. 1940 (month) (day) (year)

Cemetery or crematory: Parsons Cem.

Location: Salisbury Md.

18. Funeral director: Walter R. Webb & Co.

Address: Salisbury Md.

19. 11/11/40 (Date rec'd by registrar) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 8. 1940 at 2 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov 7 1940, to Nov 8 1940 and that I last saw her alive on Nov 8 1940

Immediate cause of death	DURATION
Cerebral hemorrhage	2 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: J. Hamner M. D. M. D. or other

Address: Salisbury Date signed: Nov 8

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170c)

12020

CERTIFICATE OF DEATH

Reg. Dist. No. 331

1. PLACE OF DEATH:

County Wicomico

City or town Hebron, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Wicomico

City or town Mardela Springs Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edward Mitchell

3. (b) Social Security Number

4. Sex: Male

5. Color or race: col.

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elsie Byrd Mitchell

6(c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.): May 10, 1907

8. AGE: Years 33 | Months 5 | Days 23 | If less than one day ___ hrs. ___ min.

9. Birthplace: Mardela, Wicomico, Md.
(Town, county, and state)

10. Usual occupation: W.P.A. Worker

11. Industry or business

FATHER
12. Name: George Mitchell
13. Birthplace: Mardela Springs, Md.

MOTHER
14. Maiden name: unknown
15. Birthplace: —

16. Informant: Mrs. Edward Mitchell

Address: Mardela Springs, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/7/40 (month) (day) (year)

Cemetery or crematory: Mardela Col. Cem.

Location: Mardela Springs, Md.

18. Funeral director: Mrs C.G. Meshick & Sons

Address: Hebron, Md.

19. Nov 3 1940 (Date rec'd by registrar) Mrs J. M. Wallace Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 2, 1940, at 11:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19__ to ___ 19__, and that I last saw h___ alive on ___ 19__.

Medical Examiner's Certificate

Immediate cause of death: Compound Fractured skull

DURATION: Instant death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of 10-2-40

Where did injury occur? Hebron (City or town) Wicomico (County) Md (State)

Injured at home, farm, industry, public place (where?) Highway

Means of injury: Car struck telegraph pole Injured at work? No

23. SIGNATURE: L. Rodenberg M.D.
Deputy Med Examiner M.D. or other

Address: Salisbury Md Date signed 11/3/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1949
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1640)

12021

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 76 years

Hospital, Institution, or street address where death occurred: East Main St & Division

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Salisbury (If outside city or town limits, write RURAL and give nearest town)

Street No.: Saratoga (If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Clarence T. Marris

3. (b) Social Security Number: 214-10-8391

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Vera York Marris

6.(c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): Oct. 18, 1914.

8. AGE: Years: 76 Months: 1 Days: 1 If less than one day: ..... hrs. ..... min.

9. Birthplace: Salisbury, Wicomico, Md. (Town, county, and state)

10. Usual occupation: Editor

11. Industry or business: Newspaper

FATHER
12. Name: Oscar L. Marris
13. Birthplace: Wicomico Co., Md.

MOTHER
14. Maiden name: Eva Alberta Tilghman
15. Birthplace: Wicomico Co., Md.

16. Informant: Doctor Albert W. Marris,
Address: Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11/22/40 (month) (day) (year)

Cemetery or crematory: Parsons

Location: Salisbury, Md.

16. Funeral director: The Hill & Johnson Co.,
Address: Salisbury, Md.

19. 11/22, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 19, 1940, at 10 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death: Medical examiner certificate
Gunshot wound of head

DURATION
Instant death

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.....

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Suicide Date of: 11-19-40

Where did injury occur? Salisbury (City or town) Wicomico (County) Md (State)

Injured at home, farm, industry, public place (where?): Public highway

Means of injury: Bullet wound of head - self inflicted Injured at work? No

23. SIGNATURE: [illegible] M.D. Deputy Med Examiner M. D. or other

Address: Salisbury Md Date signed: 11/22/40

RECEIVED
DEC 6 1940
BUREAU V. S.

Dr. Insley

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(131-6)

12022

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred: P.S. Hoyt.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Somerset
City or town: Ouole
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: J. Sylvester Muir

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife: Sadie Muir
6.(c) If alive, give age: Dead years

7. Birth date of deceased (mo., day, yr.): Feb. 4-1878

8. AGE:

Years	Months	Days	If less than one day
62	9	10	hrs. min.

9. Birthplace: Somerset Co. Md.
(Town, county, and state)
10. Usual occupation: Carpenter
11. Industry or business: Ship Carpenter
MOTHER FATHER
12. Name: John Thomas Muir
13. Birthplace: Somerset Co. Md.
MOTHER
14. Maiden name: Frances Laird
15. Birthplace: Somerset Co. Md.
16. Informant: Mrs. Catherine Lewis
Address: 117 N. Y. Ave. Salisbury Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 17-1940 (month) (day) (year)
Cemetery or crematory: Iowa M. Cem.
Location: Ouole Md.
18. Funeral director: L. G. Webster
Address: Deals Island Maryland
19. 11/16 1940 Gabriel E. Johnson Deputy Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 14th 1940, at 3.15 P.M.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 11-7 1940 to 11-14 1940
and that I last saw h.. alive on 11-14 1940

Immediate cause of death	DURATION
Uremia	
Due to: Chronic Nephritis	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Philip A Insley M. D. or other
Address: Salisbury, Md. Date signed: 11-17-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

12023

CERTIFICATE OF DEATH

Reg. Dist. No. XI 33X

1. PLACE OF DEATH:

County Wicomico

City or town Delmar, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, ~~hospital, or institution:~~ 203 East

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 51 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Delmar, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 203 East

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sally Amelia Isabelle Nichols

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife I. James Nichols

6(c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Sept 29, 1865

8. AGE: Years 75 Months 1 Days 15 If less than one day ____ hrs. ____ min.

9. Birthplace Delmar, Md R.F.D.

(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Home

FATHER

12. Name Geo. W. Killiam

13. Birthplace Maryland

MOTHER

14. Maiden name Mary H. C. Lowe

15. Birthplace Maryland

16. Informant I. James Killiam

Address Delmar, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 11/17/40 (month) (day) (year)

Cemetery or ~~crematory~~ M. C. Cemetery

Location Delmar, Del.

18. Funeral director Will S. Marvel

Address Delmar, Del.

19. Nov. 17th 1940 (Date rec'd by registrar) Harry E. Hudson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/14/1940, at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1940, to Nov. 14 1940, and that I last saw her alive on Nov. 14 1940.

Immediate cause of death Myocarditis (chronic) DURATION ?

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. E. Lecates M. D. ~~another~~

Address Delmar Del Date signed 11/16/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

12024

CERTIFICATE OF DEATH

Reg. Dist. No. 337

1. PLACE OF DEATH:

County: Wicomico

City or town: Pocomoke City Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: no

Stay in hospital or inst. (yrs., or mos., or days): no

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Pocomoke City Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION) no

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lula V Nutter

3. (b) Social Security Number Grant 220-03-6979

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	a.a.	Widowed

6 (b) Name of husband or wife: Edward Nutter

6(c) If alive, give age: dead years

7. Birth date of deceased (mo., day, yr.): about 1887

8. AGE: Years: 53 | Months | Days | If less than one day: ____ hrs. ____ min.

9. Birthplace: Pocomoke Md
(Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business: no

FATHER
12. Name: Willis Nutter
13. Birthplace: Pocomoke

MOTHER
14. Maiden name: Hester Elzy
15. Birthplace: Pocomoke City Md

16. Informant: Edward Nutter
Address: Pocomoke Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 13-1940 (month) (day) (year)

Cemetery or crematory: Fowler County

Location: Pocomoke Md

18. Funeral director: James F. Stewart

Address: Salisbury Md

19. Nov 12 1940 (Date rec'd by registrar) J. C. Woolford Walker Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 11-9 1940, at 4 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-4 1940 to 11-9 1940, and that I last saw h- alive on 11-4-40. 19

Immediate cause of death: Apoplexy

	DURATION
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE D Allen Field M. D. or other

Address Pocomoke Md Date signed 11-11-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12025

83-a

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 337

Village or City Nanticoke No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Maurice S. Nutter If U. S. Veteran, specify WAR

(a) Residence: No. Nanticoke Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Nutter

6. DATE OF BIRTH (month, day, and year) Mar 29

7. AGE Years 73 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Nanticoke Md

FATHER

13. NAME Gabriel Nutter

14. BIRTHPLACE (city or town) (State or country) Nanticoke Md

MOTHER

15. MAIDEN NAME Sarah E. Elsey

16. BIRTHPLACE (city or town) (State or country) Nanticoke Md

17. INFORMANT (Address) Mrs Alice Nutter Bivalve Md

18. BURIAL, CREMATION, OR REMOVAL

Place Nanticoke Date 11/8, 1940

19. UNDERTAKER (Address) Mrs. C. G. Messick & Sons Bivalve Md

20. FILED Nov. 6, 1940 R. Woolford Walter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov 4 (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from Oct 1, 1940, to Nov 4, 1940.

I last saw him alive on Oct 4, 1940 death is said to have occurred on the date stated above, at 11 p m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Apoplexy.

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there en aulopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way releted to occupation of deceased?

If so, specify

(Signed) S. Allen Field M. D.

(Address) Nanticoke, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis,	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12026

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (94a)

County Wicomico Registration Dist. No. 335

Village or City Near Sharptown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sallie D. Owens If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George T. Owens

6. DATE OF BIRTH (month, day, and year) Jan 17 - 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Del

FATHER

13. NAME George Kenney

14. BIRTHPLACE (city or town) (State or country) Del

MOTHER

15. MAIDEN NAME Elizabeth Moore

16. BIRTHPLACE (city or town) (State or country) Del

17. INFORMANT Mrs Ruth Rider (Address) Laurel, Del R.D.

18. BURIAL, CREMATION, OR REMOVAL Place Greenmans Date Nov 13, 1940

19. UNDERTAKER Graves & Bros (Address) Sharptown

20. FILED 11/13/40 19 Mary R. Banks Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 11 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April, 1940, to Nov 11, 1940

I last saw her alive on Nov 9, 1940; death is said to have occurred on the date stated above, at 7 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	4/40
Other Contributory Causes of Importance: Arteriosclerosis.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. S. Kirkman M. D.

(Address) Sharptown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED DEC 8 1910 U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30-2

12027

CERTIFICATE OF DEATH

Reg. Dist. No. 330

1. PLACE OF DEATH:

County Wicomico

City or town Mardela Springs
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 6 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Mardela Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Vernie Parker

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Col.

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Juenie Burgess Parker

6(c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) June 16, 1884

8. AGE: Years 56 | Months 5 | Days 6 | If less than one day ___ hrs. ___ min.

9. Birthplace Paris, Kentucky
(Town, county, and state)

10. Usual occupation Day Laborer

11. Industry or business Farm

FATHER
12. Name Handy Parker
13. Birthplace Paris, Kentucky

MOTHER
14. Maiden name Unknown
15. Birthplace

16. Informant Mrs. Juenie Parker
Address Mardela, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/24/40 (month) (day) (year)

Cemetery or crematory Mardela Col. Cem.

Location Mardela, Md.

18. Funeral director Mrs. C. L. Messick & Son's
Address Hebron, Md.

19. 11/24/40 (Date rec'd by registrar) 19 W. H. Robertson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 22, 1940, at 4:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 20 1940, to Nov 22 1940, and that I last saw him alive on Nov 20 1940.

Immediate cause of death: Nitritoid Reaction; following Neoarsonium

Due to Syphilis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 12'

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. S. Kuhlmann M. D. or other

Address Sharptown Md Date signed 11/22/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 5 1940
... BUREAU V. S.

Dr. Wannue

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

12028

Reg. Dist. No. 333

WITHOUT PREJUDICE

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 35 years
Hospital, Institution, or street address where death occurred: 210 Middle Blvd.
How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury (If outside city or town limits, write RURAL and give nearest town)
Street No. 210 Middle Blvd. (If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Isaac Stanton Parsons

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife Perla E. Parsons
6.(c) If alive, give age Dead years
7. Birth date of deceased (mo., day, yr.) Sept. 7, 1860

8. AGE: Years	Months	Days	If less than one day
80	2	22	....hrs. ....min.

9. Birthplace Worcester Co. Md. (Town, county, and state)
10. Usual occupation retired (Lifeboat Keeper U.S.C.G.)
11. Industry or business Night Watchman
12. FATHER Name Isaac Parsons
13. Birthplace Worcester Co. Md.
14. MOTHER Maiden name Priscilla Palmer
15. Birthplace Pocomoke Md.
16. Informant Mrs. B.E. Richardson
Address 210 Middle Blvd. Salisbury Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 1-1940 (Month) (day) (year)
Cemetery or crematory Parsons Cem.
Location Salisbury Md
18. Funeral director Holloway & Walter R. Holloway
Address Salisbury Md.
19. 12/1 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29-1940 (2500 P.M.)
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1939 to Nov 29 1940
and that I last saw h-- alive on Nov 29 1940

Immediate cause of death	DURATION
Diabetis mellitus	yrs.
Due to	
Due to	
Other conditions Chronic myocarditis	2

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. Wannue M.D.
M. D. or other
Address Salisbury Md Date signed Nov 30

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 6 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

12029

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 41 years

Hospital, institution, or street address where death occurred: 340 New York Ave

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Salisbury (If outside city or town limits, write RURAL and give nearest town)

Street No. 340 New York Ave (If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Robert Harry Phillips

3. (b) Social Security Number: ✓

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Ida G. Phillips

6.(c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): Aug. 22, 1882.

8. AGE: Years: 58 Months: 3 Days: 1 If less than one day: ..... hrs. ..... min.

9. Birthplace: Laurel, Sussex, Delaware (Town, county, and state)

10. Usual occupation: Real Estate Operator

11. Industry or business: ✓

FATHER
12. Name: George Phillips
13. Birthplace: Laurel, Delaware.

MOTHER
14. Maiden name: Mary Marvel
15. Birthplace: Laurel, Delaware.

16. Informant: Mrs. R. Harry Phillips,
Address: Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11/26/40 (month) (day) (year)

Cemetery or crematory: Mount Hope

Location: Delaware County, Pa.

18. Funeral director: The Hill & Johnson Co.,
Address: Salisbury, Md.

19. 11/25, 1940 (Date rec'd by registrar) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 23, 1940, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~~Oct~~ 10 1940, to Nov 23 1940 and that I last saw h. 1 m alive on Nov 22 1940

Immediate cause of death: coronary occlusion

Due to: chronic coronary sclerosis

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

DURATION
[illegible]
[illegible]

Major findings of operations: ..... Date of op.

Autopsy results: No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No

Accident, suicide, or homicide: ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J. A. Rademacher M.D. M. D. or other

Address: Salisbury, Md Date signed: 11/25/40

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-2)

12030

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 years
Hospital, Institution, or street address where death occurred: 1011 East Church St.
How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1011 East Church
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3. (a) FULL NAME: John Lloyd Pruitt

3. (b) Social Security Number: ✓

4. Sex	5. Color or race	b.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Ethel M. Pruitt
6.(c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): Oct. 30, 1880.

8. AGE: Years	Months	Days	If less than one day
60	0	13	..... hrs. ..... min.

9. Birthplace: Wicomico Co., Md. (Town, county, and state)
10. Usual occupation: Retired
11. Industry or business: Railroad Engineer
FATHER 12. Name: David Thomas Pruitt
13. Birthplace: Wicomico Co., Md.
MOTHER 14. Maiden name: Sarah Parsons
15. Birthplace: Wicomico Co., Md.
16. Informant: Mrs. John L. Pruitt
Address: Salisbury, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/16/40 (month) (day) (year)
Cemetery or crematory: Parsons
Location: Salisbury, Md.
18. Funeral director: R. Hill Johnson Co.
Address: Salisbury, Md.
19. 11/26, 1940 (Date rec'd by registrar) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 13, 1940, at 4.30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1933, 19..., to Nov. 23, 1940
and that I last saw him alive on Nov. 16, 1940

Immediate cause of death	DURATION
Chronic Valvular Heart disease	8 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results: .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: W. Brummer M.D.
M. D. or other
Address: Salisbury Date signed: Nov. 19, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1940
BUREAU V. R.

Inf. taken from death cert. of mother

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(1)

12031

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wic.

City or town Salisbury

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? —

Hospital, Institution, or street address where death occurred: P.G. Hosp.

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wic.

City or town Veterans

(If outside city or town limits, write RURAL and give nearest town)

Street No. .....

(If rural, give LOCATION)

2.(a) If veteran, name war .....

3. (a) FULL NAME Rachel

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
—	— W	—

6.(b) Name of husband or wife —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years Almira | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace ..... (Town, county, and state)

10. Usual occupation .....

11. Industry or business

FATHER 12. Name Earl Rachel

13. Birthplace —

MOTHER 14. Maiden name Annie Willing

15. Birthplace Salisbury

16. Informant death cert. of mother

Address

17. ..... Date thereof ..... (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory .....

Location .....

18. Funeral director .....

Address

19. ..... 19..... .....

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9 1940, at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
.....	.....
.....	.....
Due to	.....
.....	.....
Due to	.....
.....	.....
Other conditions	.....
.....	.....

(Include pregnancy within 3 months of death)

Major findings of operations .....

..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE .....

M. D. or other

Address ..... Date signed .....

12032

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (14-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 days

Hospital, institution, or street address where death occurred:
P. G. Hospital

How long in hospital or institution? 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Hebron
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Annie Willing Rathel

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Earl Rathel

6.(c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) July 7, 1911

8. AGE: Years 29 | Months 4 | Days 2 | If less than one day ... hrs. ... min.

9. Birthplace Salisbury Md., Wicomico County
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George Willing
13. Birthplace Salisbury, Md.

MOTHER
14. Maiden name Rosie Davis
15. Birthplace Onancock, Va.

16. Informant Earl Rather
Address Hebron, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof 11/12/40
(month) (day) (year)

Cemetery or crematory Galestown Cem.

Location Galestown, Md.

18. Funeral director Mrs. C. S. Messick & Son's
Address Hebron, Md.

19. 11/12, 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/9/40 19 ... at 4:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/1 1940 to 11/9 1940 and that I last saw her alive on 11/9 1940

Immediate cause of death: Incomplete abortion — Duration: [illegible]

Due to Hemorrhage — [illegible]

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations: Incomplete abortion
Date of op. 11/8/40

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Salisbury Date signed

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 6 1940
BUREAU V. S.

Dr. Hanson

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

12033

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 15 yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No. 104 W College ave
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME James Benjamin Richardson

3.(b) Social Security Number

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Bettie Redden Richardson
6.(c) If alive, give age: 61 years
7. Birth date of deceased (mo., day, yr.): Dec. 18, 1870

8. AGE: Years 69 | Months 10 | Days 24 | If less than one day ... hrs. ... min.

9. Birthplace: R.F.D. Snow Hill Md
(Town, county, and state)
10. Usual occupation: Retired Supt. of Bldg's
11. Industry or business: State Teachers College Salisbury Md.

FATHER
12. Name: John Taylor Richardson
13. Birthplace: R.F.D. Snow Hill Md.

MOTHER
14. Maiden name: Mary Eliza Scott
15. Birthplace: R.F.D. Snow Hill Md.

16. Informant: Mrs. Alden R. Skinner
Address: 301 New York ave. Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 14, 1940 (month) (day) (year)
Cemetery or crematory: Parsons Cemetery
Location: Salisbury Md.

18. Funeral director: Holloway & Co. Walter R. Holloway
Address: Salisbury Md.

19. 11/14 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 12th 1940, at ... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 16 1940, to Nov 12 1940 and that I last saw him alive on Nov. 11th 1940

Immediate cause of death: Lobar Pneumonia — DURATION: 4 days

Due to: Hypertensive Cardio Vascular Disease — ?

Due to:

Other conditions: Cerebral Hemorrhage, Chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ... Injured at work?

23. SIGNATURE: Rivers Hanson, MD
M. D. or other
Address: 203 W. Church, Salisbury Md Date signed: 11/14/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
Fall V. S.

Dr. Mann

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

12034

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No. 112 W. Locust St.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Ella Russell

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Irving Russell
6.(c) If alive, give age: 77 years
7. Birth date of deceased (mo., day, yr.): May 28 - 1863

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
77	5	7		

9. Birthplace: R.D. Seaford Delaware
(Town, county, and state)
10. Usual occupation: Home wife
11. Industry or business: at Home
FATHER 12. Name: Elijah Morgan
13. Birthplace: R.D. Seaford Del.
MOTHER 14. Maiden name: Mary J. unknown
15. Birthplace: unknown
16. Informant: Mr. Claude E. Russell
Address: 115, Truitt St. Salisbury Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 7-1940 (month) (day) (year)
Cemetery or crematory: Mardela Cem. Co.
Location: Mardela Md.
18. Funeral director: Holloway & Walter R. Holloway
Address: Salisbury Md.
19. 11/7 1940 (Date rec'd by registrar) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 5, 1940 at 1:30 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 1935 to Nov 5 1940
and that I last saw her alive on Nov. 3 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	3 yrs
Due to:	
Due to:	
Other conditions: Hypertension	6 yrs

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Hiram R. Mann M. D. or other
Address: Salisbury Md Date signed: Nov 7-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

12035

CERTIFICATE OF DEATH

(94a)

Reg. Dist. No. 11 336

1. PLACE OF DEATH:
County Wicomico
City or town Delmar, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: State Street
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 35 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Wicomico
City or town Delmar, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. State Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frederick Ulmer Scott

3. (b) Social Security Number 716-03-1664

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Grace Scott
6(c) If alive, give age 55 years
7. Birth date of deceased (mo., day, yr.) Nov 9, 1872

8. AGE: Years 68 | Months - | Days 3 | If less than one day ___ hrs. ___ min.

9. Birthplace Alabama (Town, county, and state)
10. Usual occupation Retired Engineer
11. Industry or business Railroad

FATHER
12. Name Jacob F. Scott
13. Birthplace Balto Md

MOTHER
14. Maiden name Helen Ulmer
15. Birthplace Georgia

16. Informent Mrs. F. B. Scott
Address Delmar, Del

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 11/14/40 (month) (day) (year)
Cemetery ~~or crematory~~ M. P.
Location Delmar, Del

18. Funeral director Will S. Manuel
Address Delmar, Del.

19. Nov. 14 1940 (Date rec'd by registrar) Harry E. Hudson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/12/1940, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1940, to Nov 12 1940, and that I last saw him alive on Nov 12 1940.

Immediate cause of death Acute carotene failure — DURATION few hours

Due to Arteriosclerosis with coronary sclerosis causing — 12 yrs

Due to Angina pectoris

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Delmar, Md Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Acute cardiac failure

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12015

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula Hosp.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Worcester

City or town Berlin Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. R. F. D.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Boey Shockley

3. (b) Social Security Number

4. Sex Male

5. Color or race Col.

6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years Months Days If less than one day Stillborn hrs. min.

9. Birthplace Salisbury, Wic., Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Curl Shockley
13. Birthplace Md.

MOTHER
14. Maiden name Dollie Spence
15. Birthplace Md.

16. Informant Curl Shockley
Address Berlin, Md. R. F. D.

17. Burial (Burial, cremation, or removal, Which?) Date thereof 11/20/40 (month) (day) (year)

Cemetery or crematory Cedar Chapel

Location Newark, Md.

18. Funeral director Curl Shockley
(acting) Address Berlin, Md. R. F. D.

19. 11/20 19 40 Harriet E. Johnson Social
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/20 19 40, at 7:25 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Stillborn 19 , to 19 ,
and that I last saw h alive on 19 .

Immediate cause of death Stillborn (Primitive)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hugh R. Mann M. D. or other

Address Salisbury Md Date signed 11/20/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

Dr. Brown

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-C)

12036

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH

County: Wicomico

City or town: Salisbury (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred: R.D. #3

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Wicomico

City or town: Salisbury (If outside city or town limits, write RURAL and give nearest town)

Street No. R.D. #3 (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME William G. Shockley

3.(b) Social Security Number 213-14-1168

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Minnie F. Shockley

6.(c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.): Sept. 16 - 1874

8. AGE: Years 66 Months 2 Days 6 If less than one day ..... hrs. ..... min.

9. Birthplace: Wango Md (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Henry Shockley
13. Birthplace: Worcester Co. Md.

MOTHER
14. Maiden name: Tobitha Kelley
15. Birthplace: Worcester Co. Md

16. Informant: Lloyd W. Shockley

Address: 514 S. Park Drive Salisbury Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Nov. 25 - 1940 (month) (day) (year)

Cemetery or crematory: Hammond Cem

Location: On Powellville - Salisbury Road

18. Funeral director: Holloway & Co Walter R. Holloway

Address: Salisbury Md.

19. 11/25 1940 (Date rec'd by registrar) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 22nd 1940 at 11.15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1940, to Nov 22 1940 and that I last saw h... alive on Nov 22 1940

Immediate cause of death: Tabular Lunt — DURATION: 6 Mos

Due to: Chronic Bright's — 1 yr

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Charles F. Brown M.D. M. D. or other

Address: Salisbury Md Date signed: 11/23/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12037

122-d

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 333

Village or City Peninsula Gen. Hospt. No. Salisbury Md. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Harold Shiles Jr.

(a) Residence: No. near Madela Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov. 10 - 1940

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Premature	—	—	8 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) near Madela Md.

FATHER

13. NAME Harold Shiles

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sadie Wilson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Harold Shiles R. D. (Address) Madela

18. BURIAL, CREMATION, OR REMOVAL Place Sharptown Date Nov 11, 1940

19. UNDERTAKER Graveyor Bros (Address) Sharptown

20. FILED 11/11, 1940 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. 10, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attendad deceasad from Nov. 10, 1940, to Nov. 10, 1940

I last saw h— alive on Nov. 10, 1940; death is said to have occurred on tha date stated above, at 9 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Ventral (abdominal) Hernia	

Other Contributory Causes of importance: Premature birth (8 mos.)

Name of operation Repair of ab. hernia Date of 11/10/40

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. B. Veale M. D.

(Address) Delmar Del.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. Wanner

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-L)

CERTIFICATE OF DEATH

12038

Reg. Diat. No. 333

WITH CORRECT AGE

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution or street address where death occurred: E. Pinehurst Ave
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No. E. Pinehurst
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Charles L. Smith

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Rosa E. Smith
6.(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): Dec. 10 - 1862

8. AGE:

Years	Months	Days	If less than one day
77	11	20	...hrs. ...min.

9. Birthplace: Fruitland Md.
(Town, county, and state)
10. Usual occupation: retired
11. Industry or business: Laborer
MOTHER FATHER
12. Name: Samuel Smith
13. Birthplace: Somerset Co. Md.
MOTHER
14. Maiden name: Sarah Carey
15. Birthplace: Somerset Co. Md.
16. Informant: Mrs. Carl Williams
Address: Hanover St. Salisbury Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 3-1940 (month) (day) (year)
Cemetery or crematory: Glad Point Cem.
Location: Glad Point Md.
18. Funeral director: Holloway & Waller R. Holloway
Address: Salisbury Md.
19. 12/3/1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 30. 1940 at 8 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 1940, to Nov 30 1940
and that I last saw him alive on Nov 27 1940
Immediate cause of death: Chronic Mal. Endocarditis (a) 2 yrs — DURATION
Due to: (b)
Due to: (c)
Other conditions:
(Include pregnancy within 3 months of death)
Major findings of operation: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. Wanner M.D.
M. D. or other
Address: Salisbury Date signed: Dec. 2, 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
BUREAU N. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C) CB. 12039

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Prince's.
City or town Suitland, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Pen. Park. Hospital
Stay in hospital or inst. (yrs., or mos., or days) 9 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D. C. County
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Wordmon Park Hotel
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Paul L. Townsend **3. (b) Social Security Number**

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

B (b) Name of husband or wife Theodora Townsend
6(c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Oct. 20 1903

8. AGE: Years 37 | Months 1 | Days 8 | If less than one day ____ hrs. ____ min.

9. Birthplace Salisbury, Md.
(Town, county, and state)

10. Usual occupation Contractor

11. Industry or business Road Construction

FATHER 12. Name J. Townsend Jr.
13. Birthplace Md.

MOTHER 14. Maiden name Jennie Collins
15. Birthplace Md

16. Informant Mrs. Edith Tubbs
Address Suitland, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 30 1940 (month) (day) (year)
Cemetery or crematory
Location Washington, D.C.

18. Funeral director M. Pasha Watson
Address Suitland, Md.

19. 11/28/40 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 28 1940, at 10 00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 25 1940 to Nov 28 1940, and that I last saw him alive on Nov 25 1940

	DURATION
Immediate cause of death: Ascending edema and degeneration of spinal cord	
Due to: Fractured Cervical spine	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Fractural Lamina of 6th Cervical vertebrae
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of Nov 17, 1940
Where did injury occur? Snow Hill (City or town) Worcester (County) Md (State)
Injured at home, farm, industry, public place (where?) Highway
Means of injury Car overturned Injured at work? no
Car standing on left side of road

23. SIGNATURE L. A. Rademaker, M.D.
Deputy Med Examiner or other
Address Salisbury Md Date signed 11/28/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 2 1940

STATE OF MARYLAND—CERTIFICATE OF DEATH

12040

1. PLACE OF DEATH (56C)

County Wicomico Registration Dist. No. 333

Village or City Salisbury No. P G Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Adah Travers Walter If U. S. Veteran, specify WAR .....

(a) Residence: No. Nanticoke St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Levin Walter

6. DATE OF BIRTH (month, day, and year) Jan 1 1888

7. AGE Years 51 Months 10 Days 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Home work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. own home

10. Date deceased last worked at this occupation (month and year) 11/40

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Nanticoke Md

FATHER

13. NAME Franklin Travers

14. BIRTHPLACE (city or town) (State or country) Nanticoke Md

MOTHER

15. MAIDEN NAME Sarah E Taylor

16. BIRTHPLACE (city or town) (State or country) Salisbury Md

17. INFORMANT (Address) Levin Walter Nanticoke Md

18. BURIAL, CREMATION, OR REMOVAL

Place Turner Cem Nanticoke Md Date 11/20, 1940

19. UNDERTAKER (Address) Mrs C E Messick & Sons Bivalve, Md.

20. FILED 11/20, 1940 Harriet E Johnson Secy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 11/18/40 (Month) (Day) 193 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1940, to Nov 17, 1940

I last saw her alive on Nov 17, 1940; death is said to have occurred on the date stated above, at 1230 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Embolism	Nov 17

Other Contributory Causes of importance:

Hysterectomy (Fibroid)	Nov 8

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J R Wanner M.D.

(Address) Salisbury, Md M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(M) (T)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (45-A)

CERTIFICATE OF DEATH

12041

Reg. Dist. No. 537

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Westfaquin Prattsville Rt 1

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: no

Stay in hospital or inst. (yrs., or mos., or days) no

Stay in this community (yrs., or mos., or days) 77 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Wicomico

City or town Westfaquin Md Rt 1 Ward No. 1

(If outside city or town limits, write RURAL NEAR and give town)

Street No. no

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Sarah J White

3. (b) Social Security Number no

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	a.a.	widow

6 (b) Name of husband or wife Henry White

6(c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.) about 1863

8. AGE: Years	Months	Days	If less than one day
77	—	—	____ hrs. ____ min.

9. Birthplace Madison Co Miss (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business no

FATHER 12. Name unknown

13. Birthplace unknown

MOTHER 14. Maiden name Rachel Holbrook

15. Birthplace Tyaskin md

16. Informant Mr Charles Dashiell

Address Westfaquin md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 10-1940 (month) (day) (year)

Cemetery or crematory Conaway

Location Westfaquin md

18. Funeral director James F Stewart

Address Salisbury Md

19. Nov. 9 1940 (Date rec'd by registrar) R. Woolford Walter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__ to ____ 19__, and that I last saw h__ alive on ____ 19__

Immediate cause of death Chronic Myocarditis and Cachexia. — DURATION 2 years

Due to ____

Due to ____

Other conditions Carcinoma of lip. — DURATION 1 year

(Includo pregnancy within 3 months of death)

Major findings:

Dt operations None

Dt autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE J A Pasternoster D V P Deputy Medical Examiner M. D. or other

Address Salisbury, Md Date signed 11/9/40

NOV 20 1940
NOV 20 1940
BUREAU V. A.

NOV 20 1940
BUREAU V. A.

Dr. Nock

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121)

12042

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: P. G. Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Somerset
City or town: Chance
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Tomasia Whitelock

3. (b) Social Security Number

4. Sex: female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: widowed
B.(b) Name of husband or wife: William Whitelock
B.(c) If alive, give age: dead years
7. Birth date of deceased (mo., day, yr.): Feb. 7-1872

8. AGE: Years 68 | Months 9 | Days 7 | If less than one day ... hrs. ... min.

9. Birthplace: Chance Md.
(Town, county, and state)
10. Usual occupation: House wife
11. Industry or business: at Home

FATHER
12. Name: Robert P. Jones
13. Birthplace: Chance Md.

MOTHER
14. Maiden name: Emily Shows
15. Birthplace: Chance Md.

16. Informant: Roy Whitelock
Address: Chance Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Nov. 17-40 (month) (day) (year)
Cemetery or crematory: Chance Cem
Location: Chance Md.

18. Funeral director: Fred T. Webster
Address: Deals Island Md

19. 11/15 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 14-1940 (at 11 P.M.)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 7 1940, to Nov 14 1940 and that I last saw her alive on Nov 14 1940

Immediate cause of death: acute appendicitis
c Peritonitis
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

DURATION: Hed

Major findings of operations: Peritonitis
Date of op: Nov 7. 1940
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: —
Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury
Injured at work?

23. SIGNATURE: R. M. Nock
M. D. or other
Address: Salisbury
Date signed: 11/14/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170e)

12044

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Pen. Genl. Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Somerset

City or town Nr. Princess Anne Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Windsor.

3. (b) Social Security Number

4. Sex male

5. Color or race white

6. (a) Single, married, widowed, or divorced Single.

6 (b) Name of husband or wife none

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years | Months | Days | If less than one day

app. 65 yrs. hrs. min.

9. Birthplace unknown
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business on Farm

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden name Unknown
15. Birthplace

16. Informant Pen. G. Hospital

Address

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Nov 24, 1940
(month) (day) (year)

Cemetery or crematory Somerset Co. Alms House

Location Near Princess Anne Md.

18. Funeral director Dale Daskiell

Address Princess Anne Md.

19. 11/23, 1940 Harriet E. Johnson
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-23- 1940, at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-12- 1940, to 11-23- 1940, and that I last saw him alive on 11-23- 1940.

Immediate cause of death Fractured skull with concussion

DURATION 11 days

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 11-12-40

Where did injury occur? Princess Anne Somerset Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Public highway

Means of injury Hit & run auto accident Injured at work? No

23. SIGNATURE [illegible] M.D.
M. D. or other

Address Salisbury, Md Date signed 11/23/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (115c)

12045

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Fruitland md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula G Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State md County Wicomico

City or town Fruitland md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. no
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Charles H Wright

3. (b) Social Security Number 219-03-1765

4. Sex: male

5. Color or race: a.a.

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Momie Hutt

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept 5 1908

8. AGE: Years 32 | Months 2 | Days 4 | If less than one day ____ hrs. ____ min.

9. Birthplace Fruitland md
(Town, county, and state)

10. Usual occupation Lubaser Coming Factory

11. Industry or business no

FATHER
12. Name Andrew Wright
13. Birthplace Domes Quarter md

MOTHER
14. Maiden name Annie L Jones
15. Birthplace Domes Quarter

16. Informant Mrs Annie L Jones
Address Fruitland md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Nov 14, 1940 (month) (day) (year)

Cemetery or crematory Mt Olivet

Location Fruitland md

18. Funeral director James F Stewart
Address Salisbury md

19. 11/14, 1940 Harriet E. Johnson
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 9th 1940, at 8-30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 9 1940, to Nov 9 1940 and that I last saw him alive on Nov 9 1940.

Immediate cause of death: Uraemia — DURATION: 5 days

Due to: Physician only saw patient a few hours before death. C.W.R.

Due to:

Other conditions: Acute nephritis — 10 days

Preceded by sore throat: ten days.
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Cate of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE W Warner M.D.
M. D. or other

Address Salisbury, Md Date signed Nov 10

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94-a

12046

CERTIFICATE OF DEATH

Reg. Dist. No. 11336

1. PLACE OF DEATH:

County Wicomico

City or town Delmar, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 406 Maryland Avenue

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 11 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Delmar, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 406 Maryland Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Alexander Wright

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Indrwd

6(b) Name of husband or wife: Annie R. Wright

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov 8 1859

8. AGE: Years 81 | Months | Days | If less than one day ____ hrs. ____ min.

9. Birthplace Millington, Md.
(Town, county, and state)

10. Usual occupation Retired Minister

11. Industry or business

FATHER
12. Name Wm. P. Wright
13. Birthplace Maryland

MOTHER
14. Maiden name Mary Elizabeth Farris
15. Birthplace Maryland

16. Informant Mrs. Edward Ritchie

Address Delmar, Md.

17. Burial
(Burial, ~~cremation, or removal. Which?~~)

Date thereof 11 20 40
(month) (day) (year)

Cemetery ~~or crematory~~ Odd Fellows

Location Smyrna, Del.

18. Funeral director Mill S. Marvel

Address Delmar, Del.

19. 11-19 1940 Harry E. Hudson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 17 1940, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1939, to Nov 17 1940, and that I last saw him alive on Nov 17 1940.

Immediate cause of death Acute dilatation of heart — DURATION: few hours

Due to Hypertension & coronary Thrombosis — 2 yrs.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Delmar Del. Date signed Nov 18/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 4 1940
BUREAU V. S.